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FACSIMILE TRANSMISSION**CONFIDENTIAL**DATE: August 26, 2004

CLIENT-MATTER No.: 22300-05725

To:

NAME	FAX No.	PHONE No.
Commissioner for Patents - USPTO	(703) 872-9306	

FROM: Laura A. Majerus

PHONE: (650) 335-7152

F 9 33

NUMBER OF PAGES WITH COVER PAGE: 5

ORIGINAL WILL NOT FOLLOW

MESSAGE:

RE: Application No. 09/895,272 Filed: June 29, 2001
First Named Inventor: Frans W. Sijstermans

Attached is a Request for Withdrawal as Attorney (in triplicate) in the above-referenced matter.

CAUTION - CONFIDENTIAL

THE INFORMATION CONTAINED IN THIS FACSIMILE MESSAGE IS PRIVILEGED AND CONFIDENTIAL INFORMATION INTENDED ONLY FOR THE USE OF THE INDIVIDUAL OR ENTITY NAMED ABOVE OR THEIR DESIGNEE. IF THE READER OF THIS MESSAGE IS NOT THE INTENDED RECIPIENT, YOU ARE HEREBY NOTIFIED THAT ANY DISSEMINATION, DISTRIBUTION OR COPY OF THIS COMMUNICATION IS STRICTLY PROHIBITED. IF YOU HAVE RECEIVED THIS COMMUNICATION IN ERROR PLEASE IMMEDIATELY NOTIFY US BY TELEPHONE AND RETURN THE ORIGINAL MESSAGE TO US AT THE ABOVE ADDRESS VIA THE U.S. POSTAL SERVICE. THANK YOU.

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22300/05725/DOC5/1460469.1

0001/PTO Rev. 10/95	U.S. Department of Commerce Patent and Trademark Office	Application Number	09/895,272	
		Filing Date	June 29, 2001	
		First Named Inventor	Frans W. Sijstermans	
		Examiner	David H. Malzahn	
		Group Art Unit	2124	
Total Number of Pages in This Submission		4	Attorney Docket Number	22300-05725

ENCLOSURES (check all that apply)	
<input type="checkbox"/> Fee Transmittal Form (In duplicate) <input type="checkbox"/> Check Enclosed	<input type="checkbox"/> Issue Fee Transmittal
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<input type="checkbox"/> Response to Notice to File Missing Parts	<input type="checkbox"/> Formal Drawing(s): [] Sheet(s) of Figure(s) []
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<input type="checkbox"/> Power of Attorney	<input type="checkbox"/> Certified Copy of Priority Document(s)
<input type="checkbox"/> Application Data Sheet	<input type="checkbox"/> After Allowance Communication to Group
<input type="checkbox"/> Information Disclosure Statement & PTO/SB/08A <input type="checkbox"/> Copies of IDS Cited References	<input checked="" type="checkbox"/> Request to Withdraw as Attorney or Agent (in triplicate)
<input type="checkbox"/> Request for Corrected Filing Receipt	<input type="checkbox"/>
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REMARKS:	

SIGNATURE OF ATTORNEY OR AGENT	
Signature:	<i>Laura Majerus</i>
Attorney/Reg. No.:	Laura A. Majerus, Reg. No. 33,417
Dated:	August 26, 2004

CERTIFICATE OF FACSIMILE TRANSMISSION	
I hereby certify that this correspondence, including the enclosures identified above, is being transmitted on the date shown below via facsimile to: Commissioner for Patents at the facsimile number indicated below.	
Signature:	<i>Laura Majerus</i>
Typed or Printed Name:	Laura A. Majerus
Dated:	August 26, 2004
Facsimile Number:	1-703-872-9306

AUG-26-04

10:24AM

FROM-Fenwick & West Mountain View

650 938 5200

T-558 P.003/005 F-641

**REQUEST FOR WITHDRAWAL
AS ATTORNEY OR AGENT**

Application Number	09/895,272
Filing Date	June 29, 2001
First Named Inventor	Frans W. Sijstermans
Examiner	David H. Malzahn
Group Art Unit	2124
Attorney Docket Number	22300-05725

To:

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

I hereby apply to withdraw as attorney or agent for the above-identified patent application. The client has been duly notified of this request for withdrawal and provided with all papers and property to which the client is entitled.

The reasons for this request are:

The client knowingly and freely assents to termination of the employment.

1. ☐ The correspondence address is NOT affected by this withdrawal.
2. ☒ Change the correspondence address and direct all future correspondence to:

Firm or Individual Name	Philips IP&S-US				
Address	1109 McKay Drive, MS SJ 41				
Address					
City	San Jose	State	CA	Zip	95131
Country	USA				
Telephone	(408) 434-3000	Fax	(408) 474-9082		

- ☐ This request is made on behalf of myself and
☐ all the attorneys/agents of record,
☐ the attorneys/agents (with registration numbers) listed on the attached paper(s), or
☒ the attorneys/agents associated with Customer Number 758
on whose behalf I have signed this request and on whose behalf I am authorized to sign. The request is enclosed in triplicate (including any attachments).

Name	Laura A. Majerus
Signature	<i>Laura Majerus</i>
Date	August 26, 2004

NOTE: Withdrawal is effective when approved rather than when received.
Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.

22300/05725/DOCS/1460469.1